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PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/844,790	
	<b>Filing Date</b>	April 26, 2001	
	<b>First Named Inventor</b>	Doyle, Michael D.	
	<b>Group Art Unit</b>	2131	
	<b>Examiner Name</b>		
<b>Total Number of Pages in This Submission</b>	46	<b>Attorney Docket Number</b>	021117-000100US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input checked="" type="checkbox"/> Drawing(s) (25 sheets Substitute)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Petition for Filing Patent Application 37 CFR 1.47, Executed Declaration and Power of Attorney, Supplemental ADS, Copy of Notice to File Missing Parts, Return Postcard
<b>Remarks</b>		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
<b>APPLICANTS HEREBY REQUEST A FIVE-MONTH EXTENSION OF TIME TO RESPOND.</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
<b>Firm and Individual name</b>	Townsend and Townsend and Crew LLP Charles J. Kulas Reg. No. 35,809	
<b>Signature</b>		
<b>Date</b>	1-28-02	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: Jan. 28, 2002		
<b>Typed or printed name</b>	Julie Taylor Clough	
<b>Signature</b>		<b>Date</b> Jan. 28, 2002

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SF 1312255 v1

**FEE TRANSMITTAL  
for FY 2001**COPY OF PAPERS  
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Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 1175.00

## Complete if Known

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Filing Date	April 26, 2001
First Named Inventor	Doyle, Michael D.
Examiner Name	
Group Art Unit	2131
Attorney Docket No.	021117-000100US

<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number: 20-1430  Deposit Account Name: Townsend and Townsend and Crew LLP  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>			
2. <input type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
<b>FEE CALCULATION</b>					
<b>1. BASIC FILING FEE</b>					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					(\$)
<b>2. EXTRA CLAIM FEES</b>					
Total Claims	-20**	Extra Claims	Fee from below	Fee Paid	
Independent Claims	-3**				
Multiple Dependent					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$)
Other fee (specify)					
The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$)1175

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Charles J. Kulas	Registration No. (Attorney/Agent)	35,809	Telephone	415-576-0200
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Signature

Date

1-28-02

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